



MISSOURI DEPARTMENT OF REVENUE  
DIVISION OF TAXATION AND COLLECTION  
**CERTIFICATE OF NONRESIDENCE/  
ALLOCATION OF WITHHOLDING TAX**

FORM <b>MO W-4A</b> (REV. 11-2001)	
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This form is to be completed by a nonresident who performs a determinable percentage of services within Missouri.

NAME	SOCIAL SECURITY NUMBER
ADDRESS	CITY, STATE, ZIP CODE

**EMPLOYEE: THIS FORM TO BE FILED WITH EMPLOYER - DO NOT SEND TO DEPARTMENT OF REVENUE**

I hereby certify that I am a nonresident of the State of Missouri, and reside at the address stated above and perform services partly within and partly without Missouri. I estimate the proportion of services performed within Missouri and subject to the withholding tax to be \_\_\_\_\_ %. I will notify my employer within 10 days of any substantial change in proportion, or a change in status to resident of Missouri.

SIGNATURE	DATE
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NOTE: An employer of a nonresident may withhold on the foregoing basis, but must nevertheless make necessary adjustments during the year, so that the proper amount is withheld from the employee's salary. Please refer to *Employer's Tax Guide* for information on how allocation may be determined.